

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee All Seasons Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2020	
Mailing Address P.O. Box 3521		Amount 3439.95	
City Spokane	State WA	Zip Code 99202	Transaction ID : SE.16088
Purpose of Expenditure PRINTING / TRAVEL	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8962.27		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee All Seasons Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2020	
Mailing Address P.O. Box 3521		Amount 3439.95	
City Spokane	State WA	Zip Code 99202	Transaction ID : SE.16089
Purpose of Expenditure PRINTING / TRAVEL	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020	
Name of Federal Candidate TILLIS, THOM R. SEN., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4362.28		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6879.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature

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 PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Delta Airlines		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2020</div> </div>	
Mailing Address 1030 Delta Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 177.40 </div>	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SE.16092 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2020</div> </div>
Purpose of Expenditure TRAVEL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 9139.67 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee Delta Airlines		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2020</div> </div>	
Mailing Address 1030 Delta Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 177.40 </div>	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SE.16093 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2020</div> </div>
Purpose of Expenditure TRAVEL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate TILLIS, THOM R. SEN., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4539.68 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 354.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Susan B Anthony List, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2020
Mailing Address 2800 Shirlington Rd Ste 1200		Amount 922.32
City Arlington	State VA	Zip Code 22206
Purpose of Expenditure MANAGEMENT CONSULTING SERVICES	Category/ Type	Transaction ID : SE.16083 Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Susan B Anthony List, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2020
Mailing Address 2800 Shirlington Rd Ste 1200		Amount 922.33
City Arlington	State VA	Zip Code 22206
Purpose of Expenditure MANAGEMENT CONSULTING SERVICES	Category/ Type	Transaction ID : SE.16084 Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020
Name of Federal Candidate TILLIS, THOM R. SEN., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1844.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9079.35

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